

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 14-6366

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Jonathan Meer
 was received by me on *(date)* 11/25/2014.

☐ I personally served the summons on the individual at *(place)* _____

on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____

_____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____

on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: I served Summons and Complaint on Jonathan Meer d/b/a Rider University, 2083
 Lawrenceville Rd., Lawrenceville, NJ 08648 via U.S. certified mail (RR#
 70100290000229607442) 11/20/2014. A copy is attached hereto.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date:

11/25/14

Server's signature

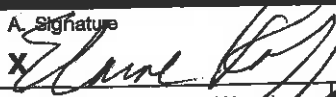
Matthew B. Weisberg, Esq.

Printed name and title

Weisberg Law
 7 S. Morton Ave.
 Morton, PA 19070

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Jonathan Meer alba Rider University 2083 Lawrenceville Rd. Lawrenceville, NJ 08648</p>		<p>B. Received by (Printed Name) Elaine Rader</p> <p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7010 0290 0002 2960 4772</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	